



A09-0040 02-06-03

Application Form

Baxter Healthcare Corporation, Medication Delivery

Name of facility*

Baxter Healthcare Inc.

Name of parent company (if any)

17511 Armstrong Avenue

Street address

Street address (continued)

Irvine, California 92614

City/State/Zip code

Give us information about your contact person for the National Environmental Performance Track Program.

Name Mr./Mrs./Ms./Dr. Mr. Matthew DesRosier

Title Environmental Health and Safety Associate

Phone 949 474-6477

Fax 949 474-6375

E-mail matthew_desrosier@baxter.com

Facility/Company Website www.baxter.com

* If you are applying for multiple facilities, you must call 1-888-339-PTRK(7875)

Why do we need this information?

EPA needs background information on your facility to evaluate your application.

What do you need to do?

- ♦ Provide background information on your facility.
- ♦ Identify your environmental requirements.

Section A

Tell us about your facility.

1 What do you do or make at your facility?

Baxter Healthcare, Medication Delivery Division located in Irvine, California manufactures medical devices to aid in the infusion of specialty drugs.

2 List the North American Industrial Classification System (NAICS) codes that you use to classify business at your facility.

NAICS
3841 _____

3 Does your company meet the Small Business Administration definition of a small business for your sector?

☐ Yes ☒ No

4 How many employees (full-time equivalents) currently work at your facility? If you checked "Yes" in question 3 and have fewer than 50 employees at your facility, then you are considered a "small facility" by the Performance Track Program.

- ☐ Fewer than 50
- ☐ 50-99
- ☒ 100-499
- ☐ 500-1,000
- ☐ More than 1,000

5 Complete the Environmental Requirements Checklist on pages 32-38 of the instructions and enclose it with your application.

Section A, continued

Expiration Date:

- 6 Optional: Is there anything else you would like to tell us about your facility? Do you participate in other voluntary programs at the local, tribal, State, or Federal level?

The Baxter Healthcare facility located in Irvine, California is fully committed to Environmental Excellence. The philosophy our facility holds is demonstrated through our recent ISO 14001 Certification recommendation in May 2002. We have an active Environmental Management System that includes areas such as pollution prevention, natural resource conservation and extensive environmental assessment procedures. We continuously assess the facilities significant aspects, set goals, track progress, and openly communicate results. Through the implementation of our environmental program and our environmental policy, all employees take an active roll in ensuring environmental achievements. The facility also takes great pride participating in community outreach events on a regular basis. For instance, every year a group of volunteers join together to conduct a beach cleanup at one of the surrounding public beaches in the area. Along with our business beliefs and our participation in making a difference in the environment, we continue to look for opportunities to achieve environmental excellence.

Why do we need this information?

Facilities need to have an operating Environmental Management System (EMS) that meets certain requirements.

What do you need to do?

- ♦ Confirm that your EMS meets the Performance Track requirements.
- ♦ Tell us if you have completed a self-assessment or have had a third-party assessment of your EMS.

Section B

Tell us about your EMS.

Read the EMS requirements on page 9-12 of instructions.
Tell us if your EMS meets these requirements for:

- | | | |
|----|--|---|
| 1 | Environmental policy _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 2 | Planning _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 3 | Implementing and operation _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 4 | Checking and corrective action _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 5 | Management review _____ | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 6 | Have you done a comprehensive review of all activities conducted at your facility that could impact the environment? (i.e., have you done an aspect analysis?) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 7 | Have you classified your aspects based on their potential harm to the environment, on community concerns, and/or on other objective factors? (i.e., have you determined your significant aspects?) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 8 | When did you last update your aspect analysis? (mo/yr) | 07/2002 |
| 9 | Have you completed at least one EMS cycle (plan-do-check-act)? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 10 | Did this cycle include both an EMS and a compliance audit? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 11 | Have you completed an objective self-assessment or third-party assessment of your EMS? | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

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If yes, what method of EMS assessment did you use?

Self-assessment

☐ GEMI

☐ CEMP

☒ Other
Baxter Ennvironmental,
Health and Safey
Standards (BEHSt)

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Third-party assessment

☒ ISO 14001 Certification

☐ Other

Why do we need this information?

Facilities need to show that they are committed to improving their environmental performance. This means that you can describe past achievements and will make future commitments.

What do you need to do?

Refer to the Environmental Performance Table in the instructions to answer questions 1 and 2.

Section C

Tell us about your past achievements and future commitments.

Part 1 You must report past achievements for at least two environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the instructions. Please quantify each of your aspects using the units listed for that aspect in the Environmental PTrack Information Hotline at 1-888-339-PTRK.

Note to small facilities: If you are a small facility, you must report past achievements for only one environmental aspect.

First achievement

1 What aspect have you selected from the Table on page 29-31?	Total Energy Use	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	KwH	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	4526259	3417046
4 What are the years for which you are reporting these quantities?	2000	2002
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	0.9	1.0
6 What is your normalizing factor based on (e.g., production, employment)?	Production Units	

<p>7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?</p>	<p>In early 2001 the facility started an energy conservation program to reduce the amount of KWH consumed by the plant. The first effort made was to retrofit and upgrade the lighting fixtures throughout the facility. We started by replacing the existing 40 watt t-12 lamps with 32 watt t-8 lamps. At the same time, the lighting ballasts were also switched out from t-12 277 volt to t-8 120 volts. The next step we made was to delamp every other lighting fixture throughout common areas of facility and eliminated 2 of the 4 lamps per lighting fixture in all other areas. Installation of time clock switches was also conducted in common lighting areas, the facilities HVAC systems, warehouse lighting fixtures and parking lot lighting. Motion sensor equipment was installed in office areas, conference rooms, and other feasible areas throughout the facility. Improvements to the facilities HVAC systems were also made to eliminate some of the facilities energy usage. 3 new air handlers were installed making the systems more energy efficient. Air compressors throughout the facility were also looked into and the removal of an unnecessary 400 cfm compressor drove down our KWH consumption in that area as well.</p>
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Second achievement

1 What aspect have you selected from the Table on page 29-31?	Water Use	
2 What units are you using to quantify this aspect? (See Table, page 29-31.)	Gallons	
	PAST	CURRENT
3 List the past annual quantity of the aspect (from two years ago) and the current annual quantity of the aspect (from the most recent year for which you have data).	7252096	4620396
4 What are the years for which you are reporting these quantities?	2000	2002
5 Estimate your past normalizing factor (Page 18 of the Instructions will help you calculate this.)	0.85	1.0
6 What is your normalizing factor based on (e.g., production, employment)?	Employment	
7 You reported an improvement in the quantity of the aspect in Question 3. How did you achieve this improvement?	<p>Along with the electricity conservation efforts, the plant rolled out a full-blown natural resource conservation program to include water usage reduction efforts. The facility invested in and installed a new RO water system in place of an inefficient system that was being used before. Large autoclaves were removed from the quality lab eliminating the use of cooling water for those units. All facility bathrooms were retrofitted and all flush valves were changed out from a 3.0 Gal/flush to a 1.6 Gal/flush. Investigations were made on the incoming water supply and leaks and erosion were noticed. Maintenance efforts were made to replace pipes and valves on all incoming water supplies into the building to eliminate water loss from these areas.</p>	

Part 2 You must make future commitments for at least four environmental aspects, and you must choose these aspects from the Environmental Performance Table on pages 29-31 of the Instructions. The aspects you select for your future commitments should be related to the objectives and targets in your EMS. Where possible, they also should be identified as having a significant environmental impact in your EMS. No more than two of your aspects can be from the same environmental category. If you're not sure how your objectives and targets fit into our aspects or whether your aspects are significant, call the PTrack Information Hotline at 1-888-339-PTRK.

Once you have chosen your four environmental aspects, then fill in all the necessary information for these aspects in the tables on pages 7-10 of this form. Please quantify each of your aspects using

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the units listed for that aspect in the Environmental Performance Table. Each table that you must fill in corresponds to one of the environmental aspects you have chosen.

We will assume that your performance commitments are based on a constant production or employment level. If you would like to base your commitment on changing production or employment, please fill out optional questions 6a and 6b.

Note to small facilities: If you are a small facility, you must report future commitments for only two environmental aspects.

First commitment

1 What aspect have you selected from the Table on pages 29-31?	Total Energy Usage	
2 What units are you using to quantify this aspect?	KwH	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	3744875 KwH	4100922 KwH
5 What are the years for which you are reporting these quantities?	2001	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.15
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Production	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	This can be achieved through continuous energy conservation efforts with a steady increase in the amount of product produced. Installation of an Energy Management System to automate the energy use throughout the facility is already planned for 2003.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Section C, continued

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Second commitment

1 What aspect have you selected from the Table on pages 29-31?	Total Solid Waste	
2 What units are you using to quantify this aspect?	Tons	
3a Is this aspect considered significant in your EMS?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.	Increasing head count over the next few years will have a great impact on our total solid waste generated. Efforts need to be made to ensure that waste generated is managed and controlled to decrease it's environmental impact.	
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	220	187
5 What are the years for which you are reporting these quantities?	2001	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.25
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Employee	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Look into furthering the facilities recycling program and capabilities in the upcoming years. Investigate donation programs for old equipment and machinery that would otherwise be disposed of as solid waste.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Third commitment

1 What aspect have you selected from the Table on pages 29-31?	Hazardous Solid Waste	
2 What units are you using to quantify this aspect?	Pounds	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	15653	16100
5 What are the years for which you are reporting these quantities?	2001	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.15
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Production	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Better waste management practices while increasing units produced. Elimination of equipment or processes generating hazardous waste. Elimination of chemical processes that require clean-up and subsequently generate hazardous debris.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.		

Section C, continued

Expiration Date:

Fourth commitment

1 What aspect have you selected from the Table on pages 29-31?	Paper Usage	
2 What units are you using to quantify this aspect?	Pounds	
3a Is this aspect considered significant in your EMS?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
3b If no, please explain why you believe this aspect should be included as a performance commitment.		
	CURRENT	FUTURE
4 List the current annual quantity of the aspect and the annual quantity you are committing to achieve by the end of the third year of your participation in Performance Track.	12000	10289
5 What are the years for which you are reporting these quantities?	2002	2005
6a (Optional) What is your future normalizing factor. (Page 21 of the Instructions will help you calculate this.)	1.0	1.25
6b (Optional) What is your normalizing factor based on (e.g., production, employment)?	Employment	
7 You committed to an improvement in the quantity of this aspect in Question 4. How do you plan to achieve this improvement?	Reduce office paper use by looking into more paperless systems for day-to-day operations within the facility. Online paperless Human Resource functions such as vacation requests, time sheets, and sick day tracking procedures will be implemented in 2003. Quality Batch Release System (BRS) together with the Process Operation Management System (POMS) will help eliminate paper use by eliminating product batch records, Warehouse inventory paperwork, and final product inspection records. Efforts will also be made to upgrade and consolidate existing printers and copiers throughout the facility. Finally, plans are made to decrease paper usage in the finance department by going to paperless General Accounting Reports that use hundreds of pieces of paper on a weekly basis.	
8a Are you subject to Federal, State, tribal, or local regulatory requirements for this aspect?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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<p>8b If yes, please list those requirements, including the quantitative limits and compliance deadlines that apply to you. Explain how your commitment exceeds requirements.</p>	
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Why do we need this information?

Facilities need to demonstrate their commitment to public outreach and performance reporting. You should have appropriate mechanisms in place to identify community concerns, to communicate with the public, and to provide information on your environmental performance.

What do you need to do?

- ♦ Describe your approach to public outreach.
- ♦ List three references who are familiar with your facility.

Section D

Tell us about your public outreach and reporting.

1 How do you identify and respond to community concerns?

Our Environmental Policy is posted throughout the facility and in the main lobby and can be obtained by any member of the community upon request. Procedures for handling and responding to external community concerns is outlined in the companies ISO 14001 procedures. Inquires may be made from all levels of internal employees, contractors, neighboring community members, customers and any other external parties. Concerns brought up by any community member are addressed through the facilities Plant Manager. Response to the concerns or inquires is the sole responsibility of the 8 members of Management Team.

2 How do you inform community members of important matters that affect them?

Management Team Members actively participate in several community outreach events and address significant environmental issues if they arise. Other tools such as the Irvine Times quarterly news letters and information wall postings are available to all employees and outside community members.

3 How will you make the Performance Track Annual Performance Report available to the public?

☐ Website www.

☐ Newspaper

☐ Open Houses

☒ Other

Environmental Informational Wall

Quarterly Irvine Times News Letter

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Section D, continued*Expiration Date:*

4 Are there any ongoing citizen suits against your facility? ☐ Yes ☒ No

If yes, describe briefly in the right-hand column.

5 List references below

	<i>Organization</i>	<i>Name</i>	<i>Phone number</i>
<i>Representative of a Community/ Citizen Group</i>	City of Newport Beach	Mike Pisani	949 644-3055
<i>State/tribal/local regulator</i>	South Coast Air Quality Management District	Ahmad Soltani	909 396-2687
<i>Other community/local reference (e.g., emergency management official or business associate)</i>	Lavine - Fricke	Jennifer Rothman	714 444-0111

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Section E

Application and Participation Statement.

On behalf of Baxter Healthcare Corporation
[my facility],

I certify that

I have read and agree to the terms and conditions for Application and Participation in the National Environmental Performance Track, as specified in the *National Environmental Performance Track Program Guide* and in the *Application Instructions*;

- I have personally examined and am familiar with the information contained in this Application, including the Environmental Requirements Checklist. The information contained in this Application is, to the best of my knowledge and based on reasonable inquiry, true, accurate, and complete, and I have no reason to believe the facility would not meet all program requirements;
- My facility has an environmental management system (EMS), as defined in the Performance Track EMS requirements, including systems to maintain compliance with all applicable Federal, State, tribal, and local environmental requirements in place at the facility, and the EMS will be maintained for the duration of the facility's participation in the program;
- My facility has conducted an objective assessment of its compliance with all Federal, State, tribal, and local environmental requirements, and the facility has corrected all identified instances of potential or actual noncompliance;
- Based on the foregoing compliance assessment and subsequent corrective actions (if any were necessary), my facility is, to the best of my knowledge and based on reasonable inquiry, currently in compliance with applicable Federal, State, tribal, and local environmental requirements.

I agree that EPA's decision whether to accept participants into or remove them from the National Environmental Performance Track is wholly discretionary, and I waive any right that may exist under any law to challenge EPA's acceptance or removal decision.

I am the senior facility manager and fully authorized to execute this statement on behalf of the corporation or other legal entity whose facility is applying to this program.

Signature/Date

Printed Name/Title

Mr./Mrs./Ms./Dr. Mr. Steve Cardin, Plant Manager

Phone Number/E-mail

949 474-6301

Facility Name

Baxter Healthcare Corporation, Medication Delivery

Facility Street Address

17511 Armstrong Avenue

City/State/Zip Code Irvine, California 92614

Paperwork Reduction Act Notice

The public reporting and recordkeeping burden for this collection of information is estimated to average 40 hours per response. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Send comments on the Agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection techniques to the Director, Collection Strategies Division, U.S. Environmental Protection Agency (2822), 1200 Pennsylvania Ave., NW, Washington, D.C. 20460. Include the OMB control number in any correspondence. Do not send the completed form to this address.

The National Environmental Performance Track is a U.S. Environmental Protection Agency program. Please direct inquiries to 1-888-339-PTRK (7875) or e-mail ptrack@indecon.com.

To submit your application:

- 1) E-mail the completed application to ptrack@indecon.com,
and
- 2) Fax the completed and signed Section E (**not** the entire application) to (617) 354-0463.

If you cannot e-mail the application, mail a hard copy of the entire completed application to:

The Performance Track Information Center
c/o Industrial Economics Incorporated
2067 Massachusetts Avenue
Cambridge, MA 02140

Environmental Requirements Checklist

Use the Environmental Requirements Checklist to answer Question 5 in *Section A, Tell us about your facility*. This Checklist will help you identify the *major* Federal, State, tribal, and local environmental requirements that apply at your facility, but it is not an exhaustive list of all environmental requirements that may be applicable at your facility.

Fill in your facility information below and enclose the completed Checklist with your application.

Air Pollution Regulations*Check all that apply*

- ☐ 1. National Emission Standards for Hazardous Air Pollutants (40 CFR 61)
- ☒ 2. Permits and Registration of Air Pollution Sources
- ☒ 3. General Emission Standards, Prohibitions, and Restrictions
- ☐ 4. Control of Incinerators
- ☐ 5. Process Industry Emission Standards
- ☐ 6. Control of Fuel Burning Equipment
- ☒ 7. Control of VOCs
- ☒ 8. Sampling, Testing, and Reporting
- ☐ 9. Visible Emissions Standards
- ☐ 10. Control of Fugitive Dust
- ☐ 11. Toxic Air Pollutants Control
- ☐ 12. Vehicle Emissions Inspections and Testing

Other (you must list these if applicable)

- ☐ 13. Federal, State, tribal, or local regulations not listed above.
- ☒ 14. ID Numbers (specify whether State or Federal).
South Coast Air Quality Management District (SCAGMD) Permit No. F40815, F46706, F38927

Hazardous Waste Management Regulations

Check all that apply.

- ☐ 1. Identification and listing of hazardous waste (40 CFR 261)
 - ☒ - Characteristic waste
 - ☒ - Listed waste
- ☒ 2. Standards Applicable to Generators of Hazardous Waste (40 CFR 262)
 - ☒ - Manifesting
 - ☒ - Pre-transport requirements
 - ☒ - Record keeping/reporting
- ☐ 3. Standards Applicable to Transporters of Hazardous Waste (40 CFR 263)
 - ☐ - Transfer facility requirements
 - ☐ - Manifest system and record-keeping
 - ☐ - Hazardous waste discharges
- ☐ 4. Standards for Owners and Operators of TSD Facilities (40 CFR 264)
 - ☐ - General facility standards
 - ☐ - Preparedness and prevention
 - ☐ - Contingency plan and emergency procedures
 - ☐ - Manifest system, record-keeping, and reporting
 - ☐ - Groundwater protection
 - ☐ - Financial requirements
 - ☐ - Use and management of containers
 - ☐ - Tanks
 - ☐ - Waste piles
 - ☐ - Land treatment
 - ☐ - Incinerators
- ☐ 5. Interim Standards for TSD Owners and Operators (40 CFR 265)
- ☐ 6. Interim Standards for Owners and Operators of New Hazardous Waste Land Disposal Facilities (40 CFR 267)
- ☐ 7. Administered Permit Program (Part B) (40 CFR 270)

Other (you must list these if applicable)

- ☐ 8. Federal, State, tribal, or local regulations not listed above
- ☒ 9. ID Numbers (specify whether State or Federal).
CAD983579467

Hazardous Materials Management

Check all that apply.

- ☐ 1. Control of Pollution by Oil and other Hazardous Substances (33 CFR 153)
- ☒ 2. Designation of Reportable Quantities and Notification of Hazardous Materials Spill (40 CFR 302)
- ☒ 3. Hazardous Materials Transportation Regulations (49 CFR 172-173)
- ☒ 4. Worker Right-to-Know Regulations (29 CFR 1910.1200)
- ☒ 5. Community Right-to-Know Regulations (40 CFR 350-372)
- ☐ 6. Underground Storage Tank Regulations (40 CFR 280-282)

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
Proposition 65
- ☐ 8. ID Numbers (specify whether State or Federal).

Solid Waste Management

Check all that apply.

- ☐ 1. Criteria for Classification of Solid Waste Disposal Facilities and Practices (40 CFR 257)
- ☐ 2. Permit Requirements for Solid Waste Disposal Facilities
- ☐ 3. Installation of Systems of Refuse Disposal
- ☐ 4. Solid Waste Storage and Removal Requirements
- ☒ 5. Disposal Requirements for Special Wastes

Other (you must list these if applicable)

- ☒ 6. Federal, State, tribal, or local regulations not listed above.
California Medical Waste Management Act (MWMA) Division 104, Part 14, Section 117600-118360
- ☐ 7. ID Numbers (specify whether State or Federal).

Water Pollution Control Requirements

Check all that apply.

- ☐ 1. Oil Spill Prevention Control and Countermeasures (SPCC) (40 CFR 112)
- ☒ 2. Designation of Hazardous Substances (40 CFR 116)
- ☒ 3. Determination of Reportable Quantities for Hazardous Substances (40 CFR 117)
- ☒ 4. NPDES Permit Requirements (40 CFR 122)
- ☐ 5. Toxic Pollutant Effluent Standards (40 CFR 129)
- ☐ 6. General Pretreatment Regulations for Existing and New Sources (40 CFR 403)
Name of POTW
ID # of POTW
- ☐ 7. Organic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 414)
- ☐ 8. Inorganic Chemicals Manufacturing Point Source Effluent Guidelines and Standards (40 CFR 415)
- ☐ 9. Plastics and Synthetics Point Source Effluent Guidelines and Standards (40 CFR 416)
- ☐ 10. Water Quality Standards
- ☒ 11. Effluent Limitations for Direct Dischargers
- ☒ 12. Permit Monitoring/Reporting Requirements
- ☐ 13. Classifications and Certifications of Operators and Superintendents of Industrial Wastewater Plants
- ☐ 14. Collection, Handling, and Processing of Sewage Sludge
- ☐ 15. Oil Discharge Containment, Control and Cleanup
- ☐ 16. Standards Applicable to Indirect Discharges (Pretreatment)

Other (you must list these if applicable)

- ☐ 17. Federal, State, tribal, or local regulations not listed above.
- ☒ 18. ID Numbers (specify whether State or Federal).
NPDES No. CAG918001, Discharge Authorization No. R8-2002-0007-014

Drinking Water Regulations

Check all that apply.

- ☐ 1. Underground Injection and Control Regulations, Criteria and Standards (40 CFR 144, 146)
- ☐ 2. National Primary Drinking Water Standards (40 CFR 141)
- ☐ 3. Community Water Systems, Monitoring and Reporting Requirements (40 CFR 141)
- ☐ 4. Permit Requirements for Appropriation/Use of Water from Surface or Subsurface Sources
- ☐ 5. Underground Injection Control Requirements
- ☐ 6. Monitoring, Reporting and Record keeping Requirements for Community Water Systems

Other (you must list these if applicable)

- ☐ 7. Federal, State, tribal, or local regulations not listed above.
- ☐ 8. ID Numbers (specify whether State or Federal).

Toxic Substances

Check all that apply.

- ☐ 1. Manufacture and Import of Chemicals, Record-keeping and Reporting Requirements (40 CFR 704)
- ☐ 2. Import and Export of Chemicals (40 CFR 707)
- ☐ 3. Chemical Substances Inventory Reporting Requirements (40 CFR 710)
- ☐ 4. Chemical Information Rules (40 CFR 712)
- ☐ 5. Health and Safety Data Reporting (40 CFR 716)
- ☐ 6. Pre-Manufacture Notifications (40 CFR 720)
- ☐ 7. PCB Distribution Use, Storage and Disposal (40 CFR 761)
- ☐ 8. Regulations on Use of Fully Halogenated Chlorofluoroalkanes (40 CFR 762)
- ☐ 9. Storage and Disposal of Waste Material Containing TCDD (40 CFR 775)

Other (you must list these if applicable)

- ☐ 10. Federal, State, tribal, or local regulations not listed above.
- ☐ 11. ID Numbers (specify whether State or Federal).

Pesticide Regulations

Check all that apply.

- ☐ 1. FIFRA Pesticide Use Classification (40 CFR 162)
- ☐ 2. Procedures Storage and Disposal of Pesticides and Containers (40 CFR 165)
- ☐ 3. Certification of Pesticide Applications (40 CFR 171)
- ☐ 4. Pesticide Licensing Requirements
- ☐ 5. Labeling of Pesticides
- ☐ 6. Pesticide Sales, Permits, Records, Application and Disposal Requirements
- ☐ 7. Disposal of Pesticide Containers
- ☐ 8. Restricted Use and Prohibited Pesticides

Other (you must list these if applicable)

- ☐ 9. Federal, State, tribal, or local regulations not listed above.
- ☐ 10. ID Numbers (specify whether State or Federal).

Environmental Clean-Up, Restoration, Corrective Action

- ☐ 1. Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA or Superfund). Please identify and include date of Record of Decision.
- ☐ 2. RCRA Corrective Action. Please provide date of RCRA/HSWA permits that require corrective action.
- ☒ 3. Other Federal, State, tribal, or local environmental clean-up, restoration, corrective action regulations not listed above. Please include date of requirement.

State Voluntary Clean-Up

Facility Name Baxter Healthcare Corporation, Medication Delivery

Facility Location: 17511 Armstrong Avenue
Irvine, California 92614